

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF SELECTION SERVICES**

**SUPPLEMENTAL APPLICATION EXAMINATION FOR
CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for **Chief Psychologist, Correctional Facility** with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location and time bases you are interested in working.

This supplemental application will be 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a low score.

Candidate's Name: _____

Social Security Number: _____

Address: _____

****In order to expedite the hiring process phone numbers are required****

Home/Cellular Phone Number: _____

Work Phone Number: _____

Signature

Date

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's website at www.spb.ca.gov

MAIL COMPLETED STD. 678 AND SUPPLEMENTAL APPLICATION TO:	California Department of Corrections and Rehabilitation Selection Services Section P. O. Box 942883 Sacramento, CA 94283-0001
---	--

CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY SUPPLEMENTAL APPLICATION

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

License: Possession of a valid license as a Psychologist issued by the California Board of Psychology **and** possession of an earned Doctorate Degree in Psychology from an educational institution meeting the criteria of Section 2914 of the Medical Board of California's Business and Professions Code.

**And
Either I**

Experience

At least two years of experience as a licensed psychologist in the Department of Corrections and Rehabilitation.

Or II

At least three years of experience as a licensed psychologist in a forensic setting such as a local jail or community-based forensic treatment unit.

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to work at correctional facilities and/or parole outpatient clinics in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to treat inmates/youthful offenders, and parolees in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to work among inmates, youthful offenders and parolees, including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to work with inmates, youthful offenders and parolees who may be infected with contagious diseases such as Hepatitis C, HIV/AIDS, or tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to abide by and adhere to institutional/parole outpatient clinic safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you willing to wear protective clothing and apparatus as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you willing to abide by and adhere to the institutional/outpatient clinic dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you willing to complete on-going education specific to licensure, and required in-service training (IST)/on-the-job training (OJT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you willing to work various and/or extended hours as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY SUPPLEMENTAL APPLICATION

Name: _____

ASSOCIATION MEMBERSHIPS/QUALIFICATIONS

Please indicate if you possess any of the following licenses, memberships, and/or qualifications by marking the appropriate box(es):

13. Professional Organization Membership (e.g., American Psychological Association (APA), California Psychological Association, National Commission on Correctional Health Care, other State's Psychological Association Membership, etc.)	<input type="checkbox"/>
14. Qualified clinical supervision	<input type="checkbox"/>
15. Medical Staff membership/hospital privileges	<input type="checkbox"/>
16. APA approved internship or fellowship in a forensic setting	<input type="checkbox"/>
17. Diplomate from the American Board of Professional Psychology and/or Forensic Psychology	<input type="checkbox"/>
18. Published articles in professional journals	<input type="checkbox"/>
19. Post graduate degree in another field	<input type="checkbox"/>
20. Teaching collegiate or graduate level courses in Psychology	<input type="checkbox"/>

SUPERVISION OF VARIOUS DISCIPLINES EXPERIENCE

Please check the box(es) that indicates the classification(s) you have functionally supervised after receiving your license.

- 21. ☐ Senior Psychologist
- 22. ☐ Psychologist
- 23. ☐ Psychiatrist
- 24. ☐ Psychometrist
- 25. ☐ Mental Health Supervisors
- 26. ☐ Social Workers
- 27. ☐ Marriage and Family Therapists
- 28. ☐ Administrative staff
- 29. ☐ Substance Abuse Counselors
- 30. ☐ Recreational/Vocational/Occupational Therapists
- 31. ☐ Psychiatric Technicians
- 32. ☐ Licensed Vocational Nurses
- 33. ☐ Psychologist Interns/ Students
- 34. ☐ Registered Nurses

CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY SUPPLEMENTAL APPLICATION

Name: _____

ADMINISTRATIVE AND PERSONNEL EXPERIENCE

Please mark the appropriate box(es) indicating the program area(s) in which you have provided administrative management functions.

- 35. ☐ Program evaluation
- 36. ☐ Program development
- 37. ☐ Program Implementation
- 38. ☐ Consulting
- 39. ☐ Writing policies and procedures
- 40. ☐ Hiring process
- 41. ☐ Performance evaluation
- 42. ☐ Adverse actions/progressive discipline
- 43. ☐ Personnel resource management
- 44. ☐ Strategic planning
- 45. ☐ Purchasing/procurement

CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY SUPPLEMENTAL APPLICATION

Name: _____

WORK EXPERIENCE	FREQUENCY				LEVEL OF SKILL		
	Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
Note to Applicant: Please read instructions carefully. Under "Work Experience," for items #46-77. Frequency: 1. Indicate if you have performed or supervised this task within the last 24 months; <u>and</u> 2. Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "weekly" "monthly" and "annually" column) Level of Skill: 1. Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)							
46. Plan, organize and direct a mental health program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Evaluate behavioral problems and mental disorders of inmate-patients to determine the inmate-patient's level of functioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Assign appropriate staff to evaluate behavior problems and mental health disorders of inmate-patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Ensure that staff classifies inmate-patients for the appropriate level of mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Participate in a leadership capacity in various mental health meetings/sub-committees/teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Lead Mental Health Quality Management Sub-Committees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Coordinate equipment allocation (e.g., equipment, supplies, etc.) to provide fiscally responsible data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Coordinate the recruitment and selection of mental health professional staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Direct the work of senior mental health staff (e.g., Senior Psychologist, Supervising Psychiatric Social Workers, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Develop policies and procedures related to mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Implement departmental policies and procedures related to mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Evaluate mental health care policies and procedures and current program functions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Direct the development of various audit tools and miscellaneous forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Represent the department in various meeting/committee related to the mental health department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY SUPPLEMENTAL APPLICATION

Name: _____

WORK EXPERIENCE	FREQUENCY				LEVEL OF SKILL		
	Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
Note to Applicant: Please read instructions carefully. Under "Work Experience," for items #46-77. Frequency: 1. Indicate if you have performed or supervised this task within the last 24 months; <u>and</u> 2. Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "weekly" "monthly" and "annually" column) Level of Skill: 1. Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)							
60. On request, testify as an expert witness in court proceedings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Train senior mental health staff in areas such as conflict resolution, stress management, new mental health theories and research, effective supervisory skills, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Direct all-staff meetings within the mental health program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Manage prioritization of daily functions including crisis intervention within the mental health department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Maintain professional standards concerning patient confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Participate in quality management activities and committees, and/or peer review to identify clinical areas that need improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Implement Quality Control Assurance Programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Assess/screen patients to determine their clinical needs, risk levels, level of care, or appropriate program placements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Prepare clinical assessments, progress reports and treatment recommendations on assigned patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Conduct various forms of group and individual therapy, cognitive behavior therapy and other forms of behavior modification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Maintain professional standards concerning patient confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Document patient contacts by recording assessments, progress notes, treatment plans, chronos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Consult with medical and mental health personnel regarding the findings of medical examinations and evidence of organic disturbances related to behavior disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Select, administer, score and interpret various personality, intelligence and other psychological tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY SUPPLEMENTAL APPLICATION

Name: _____

WORK EXPERIENCE, CONTINUES	FREQUENCY				LEVEL OF SKILL		
Note to Applicant: Please read instructions carefully. Under "Work Experience," for items #46-77. Frequency: 1. Indicate if you have performed or supervised this task within the last 24 months; <u>and</u> 2. Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "weekly" "monthly" and "annually" column) Level of Skill: 1. Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)	Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
	74. Perform crisis intervention with patients to manage psychological crises and determine the appropriate level of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Direct treatment of patients to reduce symptom severity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Produce psychological reports to provide information to specific agencies as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Conduct psycho-educational groups, pre-release groups and individual therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY SUPPLEMENTAL APPLICATION

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX (ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box (es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 0309 **Mule Creek State Prison**
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**
San Quentin, Marin County
- ☐ 3400 **Headquarters**
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**
Represa, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional Training Center**, Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**
Represa, Sacramento County
- ☐ 3901 **Deuel Vocational Institution**
Tracy, San Joaquin
- ☐ 4804 **California Medical Facility**
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**
Jamestown, Tuolumne County

YOUTH FACILITIES:

- ☐ 3902 **DeWitt Nelson YCF**
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth Conservation Camp Facility**
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**
Ione, Amador County

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1015 **Pleasant Valley State Prison**
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison – Reception Center**, Wasco, Kern County
- ☐ 1514 **North Kern State Prison**
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**
Delano, Kern County
- ☐ 1605 **Avenal State Prison**
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment Facility**, Corcoran, Kings County

YOUTH FACILITIES:

- ☐ 4003 **El Paso de Robles YCF**
Paso Robles,
San Luis Obispo County

☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1307 **Calipatria State Prison**
Calipatria, Imperial County (North)
- ☐ 1308 **Centinela State Prison**
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility at Rock Mountain**, San Diego,
San Diego County

YOUTH FACILITIES:

- ☐ 3628 **Heman G. Stark YCF**
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional Reception Center & Clinic**
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**
Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center

CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY SUPPLEMENTAL APPLICATION

Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT THE CHIEF PSYCHOLOGIST, CORRECTIONAL FACILITY EXAMINATION?

Check the box that best describes how you found out about the Chief Psychologist, Correctional Facility examination:

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other